

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)**

SERIAL NO. **107069907**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		3	1			
5		0		1		
6		0		1		
7		0		1		
8		0		1		
9		0		1		
10		0		1		
11				1		
12				1		
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49						
50						
TOTAL IND.	1		2			
TOTAL DEP.	11		12			
TOTAL CLAIMS	12		14			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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